

# Triple P - Positive Parenting Program



## Description

The Triple P Positive Parenting Program follows the behavioral parent training (BPT) model. This approach gives parents the necessary skills to address their children's behavioral issues. The program teaches parents techniques that can enhance their knowledge and confidence, and improve their relationship with their children. Triple P offers various interventions in brief, one-time consultations or more intensive multi-week formats – with single-family or group options. Families can also get help in an online format.

The program has three different curriculum tracks to support parents of children: from birth to age 12; between 12 and 16 years of age; and children with a disability or chronic health condition between the ages of 2 and 12. The Triple P model does not require practitioners to have specific background or educational qualifications. Professionals working with families across many settings and sectors deliver the Triple P program. Pediatric offices or community-based organizations can offer the Triple P program.

## Evidence

- Triple P prevents child behavioral problems and child maltreatment.<sup>1</sup>
- Triple P reduces problem behavior in children and improves parents' well-being and parenting skills.
- Triple P lowers child abuse rates, foster care placements and hospitalizations from child abuse injuries.<sup>2</sup>
- In communities where Triple P is widely available, children have fewer behavioral and emotional problems. Parents using Triple P say they are less stressed, less depressed and don't use harsh discipline.<sup>3</sup>
- Parents of children with autism spectrum disorders using Stepping Stones (a specialized program through Triple P for parents of children with a disability) report being more satisfied as parents. They also report improved behavior from their children and a better relationship with their partner.<sup>4</sup>
- The cost of offering Triple P throughout a community could be saved in a single year if the program reduces child abuse and neglect cases by just 10 percent.<sup>5</sup>

## Implementation

Depending on the project scope, we recommend allowing two to six months to prepare for implementation before training practitioners. The training process typically consists of two to five days of initial training, followed by a pre-accreditation workshop four to six weeks later. After this, accreditation takes approximately two weeks (roughly eight weeks post-training). After training, various options support continued model sustainability. We find sites benefit from consultation calls with a trainer in the initial service delivery months. Sites also may benefit from an in-person workshop to further support implementation.

We strongly encourage practitioners to form peer support networks that gather on a regular basis (weekly, bi-weekly or once a month) in small groups (five to eight people). These groups discuss Triple P implementation with families (e.g., case studies), set goals and practice consultations skills. Regular connection in early post-training days is crucial for uptake of Triple P.

# Billing and Reimbursement

Triple P services provided to parents of youth with a qualifying diagnosis are routinely billed and reimbursed by eligible behavioral health providers. Interested parties can access a billing crosswalk for the model developed by the Parent Training Institute in San Francisco. Medical providers have also been reimbursed for delivering consultative parenting support using Triple P, often simply by adding extended time to routine well-child visits.

## Resources

- Triple P website: [triplep.net](http://triplep.net)
- Research repository: [pfsc.uq.edu.au/research/evidence/](http://pfsc.uq.edu.au/research/evidence/)
- Research blog: [triplepblog.net/](http://triplepblog.net/)
- Recent program evaluations: [digitalmaterials.triplep.net/html/independent-evaluations.html](http://digitalmaterials.triplep.net/html/independent-evaluations.html)

The following sites may help when adapting Triple P in integrated medical settings:

- Wisconsin Children's Hospital
- Burlington Pediatrics, Alamance County, NC
- Oregon Research Institute

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1. Nowak, C. & Heinrichs, N. A comprehensive meta-analysis of Triple P - Positive Parenting Program using hierarchical linear modeling: Effectiveness and moderating variables. *Clinical Child and Family Psychology Review*. 2008; 11: 114-144.
  2. Prinz RJ, Sanders MR, Shapiro CJ, Whitaker DJ, Lutzker JR. Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science*. 2009; 10(1): 1-12.
  3. Sanders MR, Ralph A, Sofronoff K, Gardiner P, Thompson R, Dwyer S, Bidwell K. Every Family: A population approach to reducing behavioral and emotional problems in children making the transition to school. *Journal of Primary Prevention*. 2008; 29:197-222.
  4. Whittingham K, Sofronoff K, Sheffield J, Sanders MR. Stepping Stones Triple P: An RCT of a parenting program with parents of a child diagnosed with an Autism Spectrum Disorder. *Journal of Abnormal Child Psychology*. 2008; 37(4), 469-480.
  5. Foster EM, Prinz RJ, Sanders MR, Shapiro CJ. The costs of a public health infrastructure for delivering parenting and family support. *Children and Youth Services Review*. 2008; 30: 493-501.